

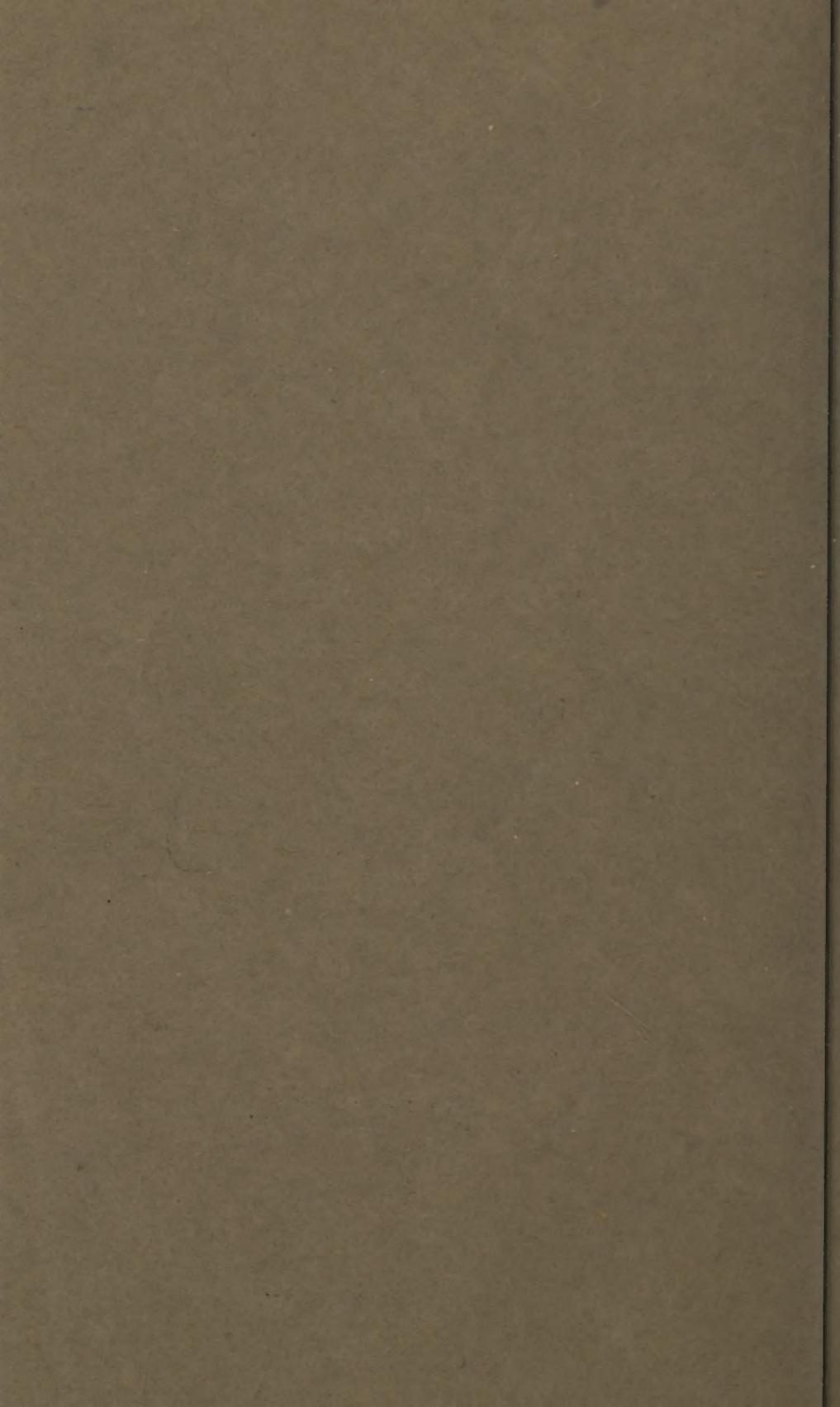
ATLEE (W.L.)

The address in  
~~Obstetrics~~

LIBRARY  
SURGEON GENERAL'S OFFICE

MAR. 2-1905

756



1/6

# THE ADDRESS IN OBSTETRICS.

THE

USE OF THE SPECULUM IN THE DIAGNOSIS AND TREATMENT

OF

DISEASES OF THE UTERUS.

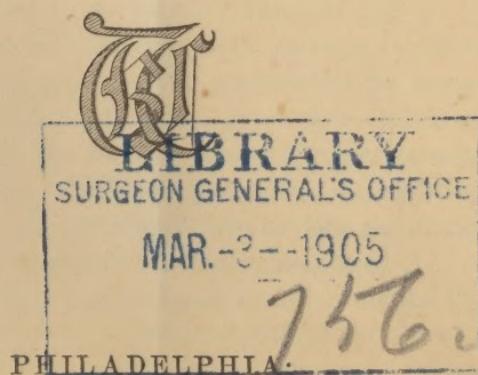
BY

WASHINGTON L. ATLEE, M.D.,  
OF PHILADELPHIA.

---

Extracted from the Transactions of the Medical Society of the State of  
Pennsylvania.

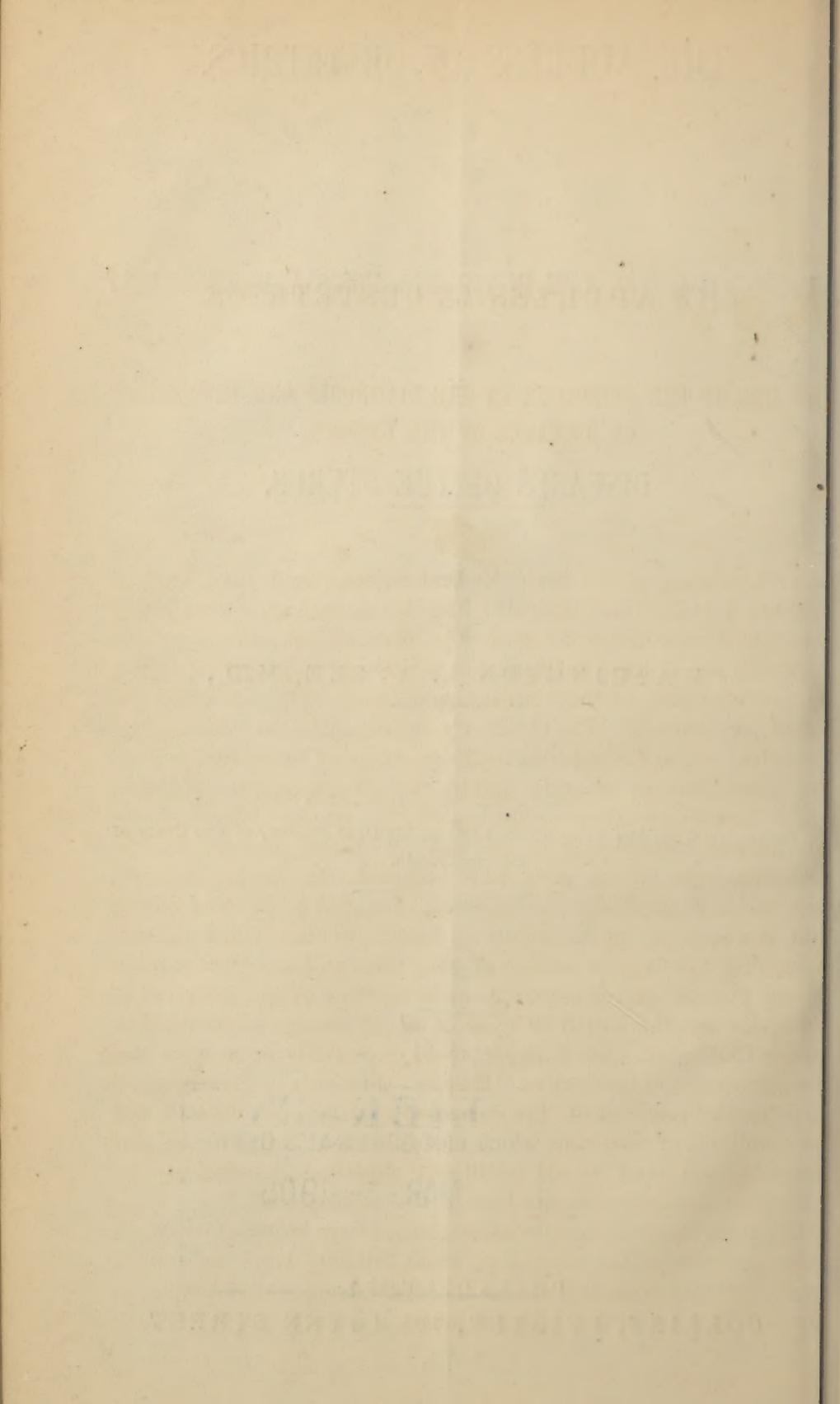
---



PHILADELPHIA.

COLLINS, PRINTER, 705 JAYNE STREET.

1872.



## THE ADDRESS IN OBSTETRICS.

### THE USE OF THE SPECULUM IN THE DIAGNOSIS AND TREATMENT OF DISEASES OF THE UTERUS.

---

AT a meeting of the State Medical Society, held June, 1871, a resolution was adopted that "the President should appoint annually some member to deliver an address in Medicine, an address in Surgery, and an address in Obstetrics, reviewing the progress, during the previous year, of these respective branches of medicine and the collateral sciences." The object of this resolution, as stated in the preamble, was to add interest to the meetings of the association by the introduction of scientific and literary papers on these subjects.

The honor of addressing the association on the subject of obstetrics was bestowed upon me, and the duties imposed by the resolution were at the same time accepted. In casting my eye, however, over the field to be reviewed, I found it to be so extensive that it would be impossible to do justice to the subject without occupying too large a portion of your time, and too great a space in the printed proceedings. A mere epitome of the progress of obstetrics and the collateral sciences might perhaps be confined to proper limits, but such a paper would necessarily be meagre and comparatively uninstructive. Besides, this very information is distributed broadcast in the numerous abstracts, retrospects, and compendiums of medicine, which are published semi-annually and annually, and read by all intelligent physicians, particularly by those who constitute the members of this association.

In consequence of these considerations, I have ventured to depart from the letter of the resolution, while fulfilling its object and its spirit. Aiming to contribute to the general mass of information, I have selected a subject of great practical importance, upon which

I can throw the light of my own experience, rather than inflict upon you a mere synopsis of the progress, during the past year, of this branch of science. In this way I will avoid the necessarily dry detail of matters which the journals have already made familiar to you, and present you with fresh material for thought. Should this course be adopted from year to year by your committee, the result will be a large accumulation of original matter that will have a great influence upon the views and practice of the practitioners of Pennsylvania, and add to the character and status of the profession, and of this Society.

The subject, therefore, which I intend to present to the association to-day is—

*The Speculum: its use in the diagnosis and treatment of diseases of the uterus.*

I would premise that, as a general rule, the disorders which require the use of the speculum are confined to, or at least originate during, the menstrual period of life. There are many diseases, however, both constitutional and local, affecting females during this period, that are entirely independent of the sexual system, and which, as in the male, require treatment on general principles. These disorders, by their continuance or by their violence, may affect the functions of the sexual organs as they do other organs of the body; but a restoration to health again will be followed by a return of these organs to their normal functions. There are also diseases of the sexual organs, entirely local in their origin and in their early symptoms, that sooner or later will react upon the general system, and induce or resemble many disorders in distant organs. These are to be treated by local medication, and as the normal condition of these organs is re-established, the distant reflex symptoms will disappear and the general health be restored.

In the discussion of this subject I shall confine my remarks as closely as possible to the question: not referring to the history of the instrument, its various and sometimes useless forms, its mode of application, the pathology of the diseases for which it is employed, and other points of great practical importance. These are worthy of a separate consideration.

"There is one property in a high degree characteristic of the instruments employed in the investigation of the diseases of women of such singular value, that it ought to completely silence the objections at one time so passionately urged against them. It is this: the instruments have a therapeutical as well as diagnostic application; the speculum, for instance, revealing a lesion of the

cervix uteri, enables the surgeon at once to apply his remedy. Thus treatment follows upon the track of diagnosis, one sitting and one operation serving for both."<sup>1</sup>

In the diagnosis of uterine and vaginal diseases the speculum uteri may be placed side by side with the instruments used for the examination of the eye, the larynx, the ear, the nose, the mouth, the rectum, and with all other contrivances by which a diseased organ is brought under the inspection of the observer. Compared with either of these acknowledged means of diagnosis, the speculum uteri—from the ease with which it can be used, its therapeutic and diagnostic application, and the important and otherwise intractable character of the diseases in which it is employed—may be considered superior to them all. No one can doubt the great advantage of combining both *sight* and touch in the detection of disease, as well as in the determination of its progressive changes toward a more normal or a more morbid condition. Hence, whenever the eye can be used by the physician either in the diagnosis or in the treatment of disease, he should employ it. Does he not inspect the tongue, the mouth, the fauces, the larynx, the nares, the auditory canals, the conjunctiva, the skin, the rectum, even the excretions and ejections, as well as the expressions of the countenance, and the attitudes of the body? He thus often unravels the character of disease by its peculiar physiognomy. The whole class of exanthemata is a strong illustration in point. Indeed, many are slow to pronounce on the real nature of certain fevers until a few characteristic spots are *seen* on the skin. The large domain of surgery, also, is prolific of instances confirmative of the necessity of calling to our aid ocular inspection. Besides, why do we make post-mortem examinations? We open the cadaver for the purpose of verifying or correcting by the eye a doubtful diagnosis: could we read morbid action during life, as we display diseased structures after death, how different would be our ministrations toward many of the sick! It is often the wish of every true physician that he could *see* the abnormal condition against which he is contending, in order that he might make a correct diagnosis, and employ a more rational treatment.

If, therefore, the eye be the main avenue through which we obtain a knowledge of disease in all other parts of the body, no exception should be made, through prejudice, or false delicacy, or prudish affectation, in the study and treatment of disease in an organ, whose normal functions are not only essential to the comfort and happiness

<sup>1</sup> Robert Barnes, M.D.

of the gentler sex, but of paramount importance to the welfare of the whole human race. In science, in arts, in medicine, in morals,—“to the pure all things are pure.”

Perfectly convinced by large experience of the great value of an instrument which will enable the physician to inspect and to treat an important diseased organ, and satisfied of the propriety of its employment, I shall point out

*First. The diseases in which the speculum uteri is of little or no use in diagnosis.*

*Second. The diseases in which it is of great value and often indispensable in diagnosis. And*

*Third. Its use in the treatment of such diseases.*

In the consideration of these divisions of my subject, I would premise that the remarks will be based upon my own clinical observations.

#### A. DISEASES IN WHICH THE SPECULUM UTERI IS OF LITTLE OR NO USE IN DIAGNOSIS.

*In all malpositions of the uterus:*—prolapsus and procidentia uteri; retroversion, anteversion, and lateral version of the uterus; ascent of the uterus beyond the cavity of the pelvis; and all other abnormal positions of this organ.

*In malformations of the uterus:*—Retroflexion, anteflexion, inversion, hypertrophy and atrophy of the uterus; including an entire absence or a rudimentary condition of the organ.

*In tumors of the uterus:*—Sub-peritoneal, interstitial, and submucous fibroids of the uterus; mucous, fibro-cellular, and glandular polypi; induration, scirrhoid, or cancer of the uterus.

In all these diseases, a well educated finger is the best instrument for making out a diagnosis. In many of them the uterine sound will greatly aid the finger in detecting the true nature of the affection—as, for example, in flexions, versions, fibroids, and hypertrophy. Concealed polypi are not usually discoverable either by the finger or by the sound, when the os uteri is undilated; and a small cervical polypus, located just within the os, may entirely escape detection, until it is brought into view by means of the speculum, which, stretching the upper part of the vaginal tube, dilates the os, thus rendering the lower portion of the polypus visible.

Notwithstanding the speculum possesses no diagnostic value in these diseases, some of them may be the effect of concomitant affections, which are really the primary and present cause of the local distress and the general reflex symptoms, independently of

the morbid conditions above referred to. And yet the finger and the sound, so valuable in the diagnosis of the foregoing diseases, cannot detect the presence of the more important lesion. For this purpose the employment of the speculum is indispensable. Although it cannot aid in the detection of malpositions and malformations of the uterus, its diagnostic value in enabling us to discover their cause, and its therapeutic agency in the treatment of these more important coexisting diseases, cannot be questioned.

#### B. DISEASES IN WHICH THE SPECULUM IS OF GREAT VALUE AND OFTEN INDISPENSABLE IN DIAGNOSIS.

*In most of the diseases of the os and cervix uteri:*—Congestion, inflammation, ulceration, and hypertrophy of the os and cervix uteri, including gonorrhœal inflammation and syphilitic ulceration. It is useful, also, in detecting contraction and atresia of the os uteri, narrowing of the cervical canal, endo-metritis, and fungosities of the uterine cavity. To these may be added, although not properly uterine, vaginitis, vesico-vaginal, vesico-uterine, recto-vaginal, and recto-uterine fistulæ. As effects, also, resulting from the above morbid conditions, I may name leucorrhœa, amenorrhœa, dysmenorrhœa, menorrhagia, metrorrhagia, irritable uterus, sterility, abortion, hysteria, chlorosis, and many anomalous forms of disease. Many of these morbid conditions, and the causes of a great variety of reflex symptoms, are satisfactorily made out by means of the speculum alone, while others require the aid of the sound, the curette, and the touch.

The physician who discards the use of the speculum, and trusts to the sense of touch alone to make out a diagnosis in uterine affections, will often be at fault. There is, perhaps, no class of diseases, in which greater errors of diagnosis are ordinarily perpetrated than in that embraced under the head of Female Diseases, while there is none more readily discriminated by a correct method of examination. Patients daily present themselves to practitioners who treat these affections in a rational way, in whom extensive uterine disease must have existed for years unrecognized. These very patients, on the strength of only a tactile examination, or, perhaps, without any vaginal investigation, had been pronounced free from uterine trouble, and incessantly drugged to their own injury. Again, patients have frequently been subjected to a long course of treatment, including the recumbent posture, and the pessary, for malposition of the uterus, which the speculum at once decided was only a secondary disease requiring no such treatment, and incurable

by such means. And, on the other hand, women with imaginary troubles, after undergoing the usual examination with the finger, have been subjected to protracted medication for a disease which was found, by ocular inspection, to have no existence. In the one case the speculum affords positive evidence of the presence of disease; in the other equally positive evidence of its absence. In either case the careless observer fails in his duty toward his patient, brings discredit upon himself, and to that extent impairs the standing of the profession. I do not hesitate to assert that it is impossible for any physician, who discards the use of the speculum in certain diseases of the uterus, to arrive at a correct diagnosis by the touch alone. However true it may be that the touch can be so highly cultivated that an experienced observer may often detect disease without other aid, yet the frequent errors made in diagnosing uterine diseases by the best men in the profession who reject the use of the speculum, prove that this cultivated touch, this *tactus eruditus*, must depend upon an *educated* finger. Now, how can any physician confide in the accuracy of his sense of touch until his finger has been educated, and its errors corrected by the eye? He may investigate case after case without number, by mere digital examination, and attempt a definite diagnosis in each; but should his opinion in every instance be tested by the speculum, he would often have to correct his record. The practical importance of this fact is obvious. By the speculum alone can we bring our sense of touch to such delicate and nice perception as to enable us to approach accuracy in diagnosis in many of the diseases of the uterus. An opposite course, even among the most astute observers, must necessarily result in conjecture and uncertainty. Hence, the use of the speculum is essential to test the correctness of the sense of touch, and to arrive at accuracy in diagnosis, and, as a consequence, it should be considered the proper method, in the hands of both the inexperienced physician and the expert, for investigating many of the diseases of the uterus.

#### C. THE USE OF THE SPECULUM IN THE TREATMENT OF DISEASES OF THE UTERUS.

In the treatment of the diseases peculiar to females, the speculum can be more extensively employed than in their diagnosis, for it is by means of this instrument that we are able to make our applications to diseased surfaces, even in those cases which are readily diagnosticated by the touch alone.

What are the diseases, whose treatment requires, or is facilitated by the employment of the speculum?

a. *Inflammation of the uterus.* Modern pathology embraces under this single term a host of diseases described in the works of the older authors. To prevent repetition I will designate several of them as more or less dependent upon, or intimately associated with, inflammation of the uterus: ulceration, displacements, flexions, irritability, neuralgia, leucorrhœa, induration, hypertrophy, dysmenorrhœa, menorrhagia, amenorrhœa, abortion, sterility, chlorosis, and hysteria. The most frequent form of inflammation is that which has been denominated *granular ulceration* of the os and cervix uteri. This term has been the subject of much debate, and it has been strongly objected to as being pathologically incorrect. I do not think the objection, in all cases, tenable. If we examine the uterus affected with this form of inflammation, when in a constant state of procidentia, we can scarcely deny the existence of ulceration as defined by John Hunter, for there is both solution of continuity and superficial destruction of tissue. If this uterus, thus diseased, be now elevated and kept constantly within the vagina, it will be found, in the course of time, to assume a different aspect, and to partake of the characteristics of the disease as usually seen in an organ that has never been exposed, and resembling somewhat the ordinary granular inflammation of the eye. Hence, if this change in the appearance of the disease is the mere result of a change in the locality of the organ, it is not a misnomer to call it ulceration; while those, who recognize the characteristics of an ulcer when exposed to light and air, cannot alter its pathology by occluding it within the walls of the vagina. As the disease, however, is the result of inflammation, all objections may be met by denominating it *granular inflammation*, which is pathologically correct. The term granular, however, is only a condition of the disease and not essential to it, as in other stages of the inflammation and in other forms of ulceration, this appearance may be absent. But I find myself digressing into a pathological question, which I had intended to avoid in this paper.

Inflammation of the os and cervix uteri is a prolific source of mischief, and in many ways affects the health and happiness of the female sex. It is not necessary, even were it possible, within the usual limits of such a paper, to detail the numerous and anomalous symptoms induced, through reflex influence, by this disease. It not only creates symptoms which simulate many morbid states of the system, but it aggravates real diseases in other organs, and increases the obstinacy of their treatment. This is frequently the

case when the cause is unsuspected both by the patient and the physician. How often has the physician been at his wit's end in the treatment of the chronic diseases of females? How often has he wearied in his futile endeavors to relieve the complaints of a nervous patient? changing his prescriptions almost daily, and treating them, in turn, for every variety of disease, curing few or none, and finally resorting to mere nervines and placebos, concluding that the patient was merely nervous, or that the malady was imaginary. Such a patient is always complaining, and never well. She has run the round of the doctors. She has been treated for disease of the spine, of the heart, of the lungs, of the liver, of the bladder, of the kidneys, of the stomach, and for neuralgia; for she may have symptoms of them all. She has been cupped, blistered, and incessantly dosed. She has been confined to bed for months. She has had pessaries inserted and removed every month for years. She has paid large druggists' and doctors' bills; and made large expenditures of time and money in travelling, or at various summer resorts, or at sanitary institutions. And thus, year after year, the same routine is gone through, and yet health does not return!

When such a patient presents herself for treatment, I think it will be found that, in nine cases out of ten, a careful speculum examination will disclose an unsuspected disease of the uterus. And if inflammation is present, I am confident that the proper local treatment will, in a large majority of instances, do away with the necessity of all mechanical supports, and the incessant drugging, as well as relieve the protean symptoms for which these therapeutic agents had been unsuccessfully employed. It has sometimes been asserted that the proper mode of curing diseases of the uterus is to treat them by constitutional means alone. This I regard as simple nonsense. No one can doubt the value of attention to the general health, when the vital powers have been broken down by a local disease; but is it logical to infer that the health can be restored by general treatment, while neglecting the local trouble which originated and still maintains the general ill-health? Besides, those who confine themselves exclusively to that mode of treatment seldom make anything more than a tactile examination, or perhaps none at all, thus treating a disease whose diagnosis is merely conjecture, because it has not been made out by ocular proof, the only certain evidence of its presence. To battle with a chimera, in this age of investigation, is too Quixotic for rational medicine. The detection of disease must necessarily precede its successful treatment. Once definitely diagnosticated, it may be properly treated. If there be a local cause disturbing the general

system, remove the focus of irritation, and all the reflex anomalous symptoms will disappear. It is just as unphilosophical to attempt the cure of such disease by constitutional means, as to try to arrest the present eruption of Mount Vesuvius by contending against the ashes, the scoriæ, and the lava which are projected from its crater.

I will now refer to the local treatment of granular inflammation of the os and cervix uteri. It would extend this paper much beyond the proper limits to enter into the minutiae of treatment, the different kinds of specula, the mode of using them, and many other details which are more or less important. This information you will find in the valuable works of our American authors, Thomas and Byford. I may here remark, however, that the speculum, like all other instruments, is most dexterously used by those who have the best mechanical and surgical tact, and that it is very awkwardly employed by those destitute of this quality. This difference in the use of the speculum is soon detected by patients. A great variety of instruments has been presented to the profession, many of them good, and others good for nothing. The common tubular speculum, either cylindrical or slightly conical, is the most simple, and most generally applicable for the treatment of ordinary disease. I prefer the old Ricord instrument, or quadrivalve. No one instrument will suit for all purposes, and every physician will get into the habit of using certain forms, which answer his purpose best.

With regard to the position of the patient, every physician has his preference. Some place the patient in a supine position across a bed, with the hips near the edge, and opposite a window, using day or sunlight. Others operate with patients on their sides, their knees being drawn up. While others prefer the semi-prone position, or that introduced by Dr. Sims. In the majority of cases, when treating patients at their own homes, I adopt the first method; but in my office, where I cannot avail myself of the light of a window, I place the patient in the same position on a reclining chair, and use candle light, concentrating it upon the diseased surface by means of a reflector. Sometimes it is necessary to vary the position of the patient, as well as to change the form of the speculum, in investigating and treating diseases of the uterus.

The mode of using the speculum is a matter of some importance. There should not be the least exposure of the patient. The lower part of the body and the limbs must be protected by drawers, and when the patient is in position, a napkin must be passed under her clothes, and spread out over the thighs and pelvic region. A tactile examination should now be made, and the exact locality of the

uterus ascertained. On withdrawing the hand, it should rest at the vulva, and the labia be separated by the thumb and finger; at the same time, the speculum, warmed and oiled, should be introduced gently between them, and directed toward the previously ascertained place of the os uteri, carrying it well forward until it impinges against the organ. The ends of the napkin are now brought down between the speculum and thighs on each side, and the pudendum in this way entirely protected from exposure. A little manipulation, which practice will very much perfect, will now bring the os and cervix into the field of the instrument. The next thing is to have a good light to bear directly upon the parts exposed. At this stage of the process you may be disappointed in detecting disease, even when disease really exists. Indeed, I have met many instances of persons having been examined and pronounced free from uterine trouble, who a day or two afterward exhibited unmistakable signs of inflammation. The os, having been brought well into view, may be so coated with a tenacious opaque mucus as to obscure the diseased surface, and appear to the inexperienced eye as healthy tissue. A long speculum forceps, armed with a soft cotton rag, should now be passed through the speculum, and this mucus carefully swabbed off. When thus cleansed, the disease, if present, will become apparent, and is in a condition for any application.

A great variety of remedies has been used in the treatment of granular inflammation of the os and cervix uteri. I have experimented with the most of them, and have settled down upon the use of two or three. In my opinion the very best local agent is the solid nitrate of silver. This preparation is classed among the caustics, but its destructive property is very limited and superficial, being soon decomposed by the tissues and the secretions into oxide and albuminate of silver. It is more properly a local alterative, as it produces its happy effects more by changing the action of the part to which it is applied than by destroying its structure. Whatever may be its immediate effect, the ultimate result is antiphlogistic, sedative, and recuperative. We are cautioned, by high authority, to be careful to make the *antiphlogistic contact* with the solid nitrate of silver, as if it required the skilful hand of an artist to make the delicate and discriminating application. As this is a refinement in phraseology rather than the simple expression of a therapeutic truth, I would quiet the fears of the timid members of the profession by assuring them that, according to my experience, this most valuable agent does not require such extreme nicety in its application. Sometimes the slightest contact will produce great

pain, at others the most destructive will scarcely be felt, while every application to the diseased surface is necessarily antiphlogistic, and requires no peculiar touch to give it any magical influence. You simply pencil the diseased surface until it turns white, when you accomplish all that is required by that application. After that has been done you must carefully swab off the excess of caustic by means of a soft cotton rag until the surface is dried. The application should be repeated at intervals of from four to ten days according to the severity of the inflammation and the stage of the treatment. The case should not be abandoned until every vestige of the disease has disappeared, although it may require two, four, six, or even twelve months to accomplish this.

Sometimes this granular inflammation has an indurated base, and is slow in yielding to the mild influence of nitrate of silver. In such cases the occasional application of the acid nitrate of mercury, nitric acid, or strong carbolic acid, will facilitate the cure, the nitrate of silver being continued in the intervals. Again, coexisting with this disease, the whole cervix may be hypertrophied and indurated, causing the cure to be still more protracted. Here benefit will be derived from local bleedings by deep punctures in the cervix with a spear-pointed lancet. Here a concentrated solution of iodine and iodide of potassium in glycerine, painted over the exterior of the cervix, may also be advantageously associated with the nitrate of silver in the treatment. The formula is as follows:—

B.—Iodini,  
Potassii iodidi,  $\text{aa. } \frac{3}{j}$ .  
Glycerini,  $f\frac{3}{ij}$ . M.

Sometimes, also, the inflammation extends into the cervical canal in the form of endo-cervicitis, and, indeed, through the os internum into the cavity of the uterus itself, as in endo-metritis. Should this be the case, the external part of the disease may have been cured, but the patient does not get well. The inflammation must be followed up into the cervix by carrying the solid caustic well into the canal, or a small portion may be pushed home by the sound into the cavity of the uterus and left there to dissolve. In the latter case, a ribbon of muslin, wet at one end with a solution of common salt, may be placed against the os uteri before removing the speculum, and allowed to remain there with the other end slightly protruding from the vulva, so that the patient may remove it in the course of an hour or two. Or, as the melted caustic flows into the vagina, it may be decomposed by syringing with a solution of common salt. In all cases of the application of nitrate of silver

to the uterus, the vagina should be protected from its action, as by doing this the patient is saved from much suffering. The practice of applying, or rather of attempting to apply, a solution of nitrate of silver, by means of a camel's hair pencil, into the cavity of the uterus, is entirely inefficient and abortive. By persisting in the above mode of treatment, at proper intervals, the cure of this disease is most certainly accomplished, and, as a consequence of its cure, the constitutional symptoms, resulting from reflex action, generally disappear.

Coexisting with this inflammatory disease of the uterus there is almost universally some form of malposition of the organ:—prolapsus, version, or flexion. I am convinced by ample observation that the great majority of misplacements of the uterus are dependent upon a pathological condition of the organ, which, if relieved, will be followed by its restoration to a normal position, or, if it should not be restored to its normal position, after having been cured of the inflammation, that the misplacement will produce no serious symptoms. When we consider the small size and little weight of a healthy uterus, and the comparatively large capacity of the basin which contains it, it is unphilosophical to suppose that any serious consequences can result from changes in its position. Besides, its relative position is continually varying every twenty-four hours without any inconvenience: the constantly changing condition of the bladder and rectum, the acts of defecation and urination, of sneezing and coughing, all impulsive actions of the diaphragm and abdominal muscles, the various attitudes of the body, the drag and constrictions of dress, and other causes are operating to this effect.

b. *Hypertrophy of the uterus.*—This may be complete or partial, with or without induration, and accompanied or not by inflammation. Sub-involution of the uterus may also be embraced under this head. In the treatment of this condition the speculum may be used with great advantage. When induration coexists with hypertrophy, the glycerole of iodine and iodide of potassium, as described in the above formula, should be applied every four days, by means of a camel's hair brush, to the whole lower or vaginal portions of the uterus, as it is seen projecting into the field of the speculum. Before and after the application, the parts should be carefully cleansed off by a dry cotton rag. If inflammation be also present, the solid nitrate of silver should be introduced into the cervical canal at more distant intervals. This treatment should be associated with external counter-irritation to the inguinal and hypogastric regions, and appropriate general medication. A favorite prescription of mine in these cases is a combination of the fluid extract of ergot and tincture of digitalis, twenty drops of the

former to ten of the latter three times a day, alternated with ten grains of the muriate of ammonia also three times a day. Under this treatment the inflammation will gradually subside, the absorbents will be excited into action, the size and weight of the uterus will diminish, its natural supports become strengthened, and the organ will gradually return to its normal position. Unless the uterus be so much enlarged as to rest upon the brim of the pelvis, we usually find it anchored, by its increased weight, low in the pelvis, or prolapsed; or, it may be retroverted or retroflexed in consequence of a local hypertrophy of its posterior wall; or, *vice versa*, anteverted or anteflexed from a similar cause destroying its equilibrium. A very common error in this, as in other forms of uterine disease, is to treat the *effect* of the disease for the disease itself, and, not looking beyond the malposition, to introduce a pessary. In some cases, a change in the position of an enlarged uterus, when supported by a pessary, will be followed by relief, but more frequently the pressure of the instrument aggravates the symptoms, while the disease itself continues. The cure of hypertrophy or any other disease of the uterus, and the several malpositions dependent on such pathological conditions, by mere mechanical arrangements, cannot rationally be expected. In the large majority of cases the uterus will be restored to its normal position without resorting to the use of the pessary, if appropriate treatment be adopted to relieve the morbid conditions, which have caused the malposition.

c. *Fibroid deposits in the walls of the uterus.*—The same remarks will apply, in a great measure, to the treatment of fibroid deposits in the walls of the uterus. It has been considered impossible, however, to change the pathological condition of uterine fibroids by medication, or to induce in them interstitial absorption. I am quite sure that this opinion of the intractable nature of uterine fibroids is incorrect; that their growth has been checked; that they have remained stationary for years; and that they have entirely disappeared in consequence of treatment. This result is not uniform, nor does it occur in the majority of cases, but it is sufficiently frequent to warrant the opinion that we do possess an agent which has a therapeutical influence over this morbid myomatous tissue. This agent is muriate of ammonia. Dose ten grains three times a day. It must be employed uninterruptedly for a long time. I have persisted in its daily use for years. Sometimes I have noticed its good effects in a few months; at others not for one, two, or three years; and again no results have followed its use. What may be considered valuable and safe in this remedy is that in such doses

it never impairs the general health. Why muriate of ammonia should prove beneficial in some cases of fibroid tumor, and not in others, I cannot explain. Perhaps, in these exceptional cases, the abnormal fibroid deposit may be associated with inflammatory and other conditions, on which its existence depends, and which being relieved by the treatment, the tumor will disappear. Coexisting with fibroid tumors of the uterus there frequently is granular inflammation of the os and cervical canal, which requires the usual speculum treatment.

Occasionally the uterus becomes so enlarged by these fibroid deposits as to fill up the pelvic cavity, and by its pressure upon the bladder, rectum, bloodvessels, and nerves to cause great distress. In such a case an attempt should be made to elevate it above the brim of the pelvis, so that it may rest upon the pubic bone. Again, it may be too small to be kept in such a position, and yet so large that its weight upon the pelvic organs may cause great inconvenience. In this case, after having removed all inflammatory symptoms, great relief may be afforded by giving to the tumor the mechanical support of a well-adapted pessary.

d. *Small uterine polypi.*—Those who are in the habit of treating female diseases frequently meet with the soft polypus growing from the os and cervical canal, and less frequently the fibroid polypus projected from the uterine cavity. When these bodies are in their incipient stage, or small in size, they can be brought readily within the field of the speculum, so that they can be seen suspended by their pedicles. They are usually associated with inflammation, menorrhagia, and leucorrhœa. The small body may, while the speculum is in place, be grasped by the polypus forceps and removed by torsion, or its pedicle may be severed by the bistoury or scissors. Afterward the stump should be seared by some form of caustic. A troublesome train of symptoms will often disappear after their removal. Very often, however, these bodies are accompanied with a congested state of the uterus, or with granular inflammation, which requires subsequent treatment with the aid of the speculum.

e. *Fungosities of the uterus.*—A disease, little known to the profession, exceedingly obstinate to ordinary treatment, and very disastrous to the patient, is denominated fungosities of the uterus. It consists of small polypoids, or of fungous excrescences in the cavity of the uterus, or of a spongy condition of its lining membrane, and causes inveterate hemorrhage. When a patient has been under treatment for months for obstinate menorrhagia—having been faithfully treated by styptics by the mouth, the rectum, and

vagina; having been tamponed, and even the cavity of the uterus injected, with only temporary relief—the existence of this disease may be suspected. On examining by the touch no adequate cause for this constant bleeding may be found: no malposition, no hypertrophy, no induration, no fibroid tumors, no polypi; and should you employ the speculum, the uterus—apart from its paleness—may be seen to be perfectly healthy in appearance, while blood may be noticed oozing from its interior. Should you satisfy yourself further that there can be no remains of a blighted ovum, or any hydatid occupying the cavity of the uterus, you may safely act upon the supposition that the menorrhagia is dependent upon the presence of fungosities. In order to arrest the hemorrhage these fungosities must be removed. This is accomplished by passing the uterine curette into the cavity of the uterus through the speculum, and scooping off these bodies from its whole surface. This will arrest the hemorrhage. It may be, however, that these excrescences are more polypoidal in character, and too large or too firm to be removed in this way. In that event it is best to dilate the cervical canal by tents of compressed sponge or prepared sea-tangle until it is sufficiently open to allow the introduction of the finger and a small polypus or placental forceps, by which they may be seized and removed with equally good results. Should the treatment be suspended at this point, the hemorrhage may be found to return in a few weeks or months in consequence of a reproduction of these troublesome bodies. To make the cure effectual and permanent, the morbid surface must be treated, at proper intervals, by the introduction of the solid nitrate of silver, chromic acid, carbolic acid, nitric acid, or the acid nitrate of mercury, by which means a healthy action may be re-established.

*f. Scirrhoid induration of the uterus.*—Another condition, involving more particularly the interstitial structure of the os and cervix, and occasionally extending to the body of the uterus, is scirrhoid induration. I have called it scirrhoid, because it is either heterologous in character, or is usually mistaken for an incurable malignant disease. I do not know how to distinguish this condition of the cervix from scirrho-cancer, excepting that by proper treatment the patient will get well. Whether it is the incipient stage of carcinoma, preceding the stage of ulceration, and curable in consequence of appropriate and timely treatment, or whether it is entirely benign in character, I know not. But I have successfully treated several patients, whose disease, both by myself and some of the most eminent physicians of Philadelphia, has been pronounced carcinoma and incurable. In these cases the diagnosis

was afterward considered erroneous, only because the patient recovered. Sometimes one lip, sometimes both lips, may be enlarged and indurated, at others the whole cervix may be nodulated and scirrhoue, with marked divisions in the os, and again there may be a general enlargement and hardening of the whole uterus. Associated with this condition we may have ordinary granular inflammation of the os and cervical canal, although this is not usual.

To conduct the treatment of scirrhoid induration of the uterus to a cure, however, is a very slow process. The strong glycerole of iodine and iodide of potassium should be applied to the hardened surface every four days, and when granular inflammation of the os and cervix coexists the nitrate of silver should be applied to the inflamed parts at every alternate visit, or every eight days. This local treatment alone is not sufficient to accomplish a cure of this disease. Constitutional remedies must be used. The great agent in this, as in all diseases of a malignant character, is arsenic. Arsenic given in small doses, so as not to irritate the stomach or produce its specific action, and continued for an indefinite period, has a most powerful influence over cancerous cachexia, and will frequently so modify the pathological condition of the system as to prevent the deposit of the cancer cell, and in this way may extinguish the disease. The preparation that I am in the habit of using is Fowler's solution, or the arsenite of potassa. The maximum dose is three drops, the quantity to be regulated by its effects upon the stomach, always reducing it to an amount that will produce no gastric irritability. The arsenite of soda may be substituted for Fowler's solution, and is supposed to be more acceptable to the stomach.

*g. Dysmenorrhœa and Sterility.*—The speculum may also be advantageously used in the treatment of the mechanical causes of dysmenorrhœa and sterility. After the cure of ordinary granular inflammation of the os and cervix uteri, it not unfrequently occurs that patients who have suffered for years from painful menstruation are entirely free from pain, and that those who have been barren conceive and bear children. This, however, is not the condition to which I wish to refer under this heading. It is entirely mechanical,—a contracted os, or a strictured cervical canal. It might embrace flexions and curvatures of the uterus, but as these malformations usually coexist with inflammation, they are not intended to be included. The mechanical causes of dysmenorrhœa and sterility may be either congenital or accidental, and their effects are only manifested after the age of puberty. The condition of the uterus is readily ascertainable by means of the speculum and the

sound. If contraction and stricture exist, free from inflammation, or if they should continue after inflammation has been relieved, we may know that dysmenorrhœa and sterility should result as a natural consequence.

The treatment recommended has been the bougie, sponge tents, and section. The bougie can accomplish nothing. Sponge tents and sea-tangle will dilate the parts to any desirable extent, but when their use is abandoned, the parts again return to their original condition, and the cure is not permanent. The most speedy, satisfactory, and certain mode of treatment is section. When the speculum is in position a small concealed bistoury may be passed through the strictured portion of the cervical canal, then opened and withdrawn, cutting its way out on the side. Again it may be introduced, and the section repeated on the other side. Or, a better instrument—the double uterotome—may finish the section by one operation. Subsequent treatment is now required to prevent the re-union of these cut surfaces. This consists in using, at proper intervals, the uterine dilator for several weeks, which prevents the adhesion of the divided surfaces, and maintains the channel patulous, until the enlarged canal is entirely healed, and covered over by mucous membrane. The relief now is permanent.

*h. The absence of uterine disease.*—In the diagnosis and treatment of disease, it is equally as important to decide upon the absence of morbid action in certain organs, as it is upon its presence in others—the negative testimony in the former being as valuable as the positive evidence in the latter. This observation will peculiarly apply to the diseases of females. Occasionally the physician is consulted by a patient, who, controlled by some phantasm, or really suffering by disease in other organs, will insist upon the presence of uterine disease. As her convictions are strong, she will not readily yield her opinion without the best evidence to the contrary. Here an examination by the speculum is necessary to decide the question and to set at rest the hallucinations of the patient's mind. It is equally advantageous to the physician, for, in disclosing a healthy uterus, it at once directs his attention into another channel for the cause of existing symptoms, or at least prevents him using fruitless efforts in treating a nonentity.

I have thus given a very general view of the use of the speculum in the diagnosis and treatment of uterine diseases, and thrown out a few hints which my own observation has proved to be practically important. This paper, as I am fully aware, is very imperfect in many of its details, and yet it is of too great length if the points

discussed do not interest you. In conclusion I will state the following propositions :—

1. The speculum uteri is of little or no use in the *diagnosis* of the following diseases of the uterus :—Carcinoma, induration, hypertrophy, fibroid tumors, large polypi, prolapsus, procidentia, retro- and ante-version, and retro- and ante-flexion. To these may be added inflammation of the uterine appendages, haematocele, pelvic cellulitis, and pelvic tumor.

2. It is of more or less use in the *diagnosis* of congestion, inflammation, and ulceration of the uterus; of small polypi; of many of the *causes* of leucorrhœa, amenorrhœa, dysmenorrhœa, menorrhagia, chlorosis, hysteria, sterility, abortion, malpositions, versions, and flexions of the uterus; and of vaginitis.

3. The speculum is of little or no use in the *treatment* of advanced carcinoma, fibroid tumors, large polypi, inflammation of the uterine appendages, haematocele, cellulitis, and pelvic tumors.

4. It is of more or less use in the *treatment* of the following diseases of the uterus :—Inflammation, ulceration, induration, hypertrophy, small polypi, fungosities, incipient carcinoma, cancer of the interior of the uterus, the usual *causes* of irritability, leucorrhœa, amenorrhœa, dysmenorrhœa, menorrhagia, sterility, abortion, malpositions, flexions, and versions; and of vaginitis.

5. The use of the speculum is indispensable for the definite *diagnosis* and the effective *treatment* of inflammation and ulceration of the cervix uteri—the most common form of uterine disease, and the prolific cause of a large number of female disorders.

6. The proper use of the speculum, both in diagnostinating and treating uterine diseases, is not incompatible with a due sense of propriety.

7. A patient, afflicted with a curable disease, should not be subjected to useless or injurious medication, or allowed to suffer a lifetime of ills, through the prudery or false delicacy of her medical adviser.

8. In the language of our code of ethics, “the female sex should never allow feelings of shame or delicacy to prevent their disclosing the seat, symptoms, and causes of complaints peculiar to them. However commendable a modest reserve may be in the common occurrences of life, its strict observance in medicine is often attended with the most serious consequences, and a patient may sink under a painful and loathsome disease, which might have been readily prevented had timely intimation been given to the physician.”

9. It is the duty of every physician to treat the organ diseased by the best means experience has established.

10. In the investigation of disease mere surmise or conjecture should never be substituted for our perceptive faculties, where the latter can be employed.

11. Every accessible organ, when diseased, should be carefully examined in making out a diagnosis.

12. If there be a question of morals involved in the use of the speculum uteri, I will state it in the following words: that course is right and best, in the treatment of female diseases, which aims at and accomplishes the greatest good to the patient. The sufferer demands that course, and we are under a moral and professional obligation to adopt it.



